MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		3		3		
6		3		3		
7		3		3		
8		3		3		
9		3		3		
10		3		3		
11		3		3		
12		3		3		
13	1		1			
14	1		1			
15		1		1		
16		1				
17		4		4		
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TOTAL IND.	3		3			
TOTAL DEP.	39		39			
TOTAL CLAIMS	42		42			

	IND	DEP	IND	DEP	IND	DEP
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